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Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

RECOGNITION OF A NEW DISEASE.

The process by which this comes about is illustrated in the history of angiomatosis of the retina. In 1882 Fuchs described what he called an "arterio-venous aneurysm of the retina." As an isolated clinical observation it attracted little attention, and was soon forgotten. In 1890 Darier reported what he called a "cystic degeneration of the retina," noting that it was bilateral and slowly progressive. Two years later Wood reported a case, as one of "disease of the retina and choroid with detachment of the retina." Twelve years later he encountered "a second case so exactly like it as to suggest most forcibly that these cases are the result of a definite disease." Wood's first case in 1894 came to microscopic examination at the hands of Treacher Collins, with that of a sister similarly affected; and he reported them under the general heading of unusual forms of intraocular neoplasms, referring to these particular cases as a "vascular new growth, probably of the nature of a capillary nevus of retinal origin." Coats as late as 1908 included these cases under his general heading of forms of retinal disease and massive exudation, placing them in his "Group 3—Cases with Arterio-venous Communication."

Meanwhile von Hippel, in 1893, encountered a case that had been progressing for about three months, and came to him with vision reduced to 6-18 in one eye. He studied the case minutely from month to month, and in 1895 exhibited the patient at the Heidelberg Ophthalmological Congress. In 1904, after eleven years of clinical observation of this one case, he reported it in Graefe's Archiv, with colored plates, illustrating the appearances at five different stages and showing its progress, and he called it "A Very Rare Disease of the Retina." After watching his case about sixteen years, Von Hippel obtained the eye, enucleated for absolute glaucoma; and made of it a thorough microscopic study, from which he concludes that the condition is essentially an angiomatosis of the retina.

The fact that this is a distinct disease may now be regarded as established. Coats recognizes it as such; and removes from his classification of massive exudation into the retina the group of cases with arterio-venous communication. Since the publication of Von Hippel's latest paper, several cases have been reported, so that now there are at least twenty-four on record, the latest being that of Vossius, noticed in last month's OPHTHALMIC LITERATURE. The condition is not quite so rare as it seemed to Von Hippel, after eleven years study of his isolated case. This was illustrated when, at a recent meeting of the Colorado Ophthalmological Society, at-

tention was called to this condition. After looking at some of the illustrations of its characteristic ophthalmoscopic appearances, Bane went to his note books and brought out a sketch of exactly these same appearances; which he had made from a patient of Dr. Eskridge in 1895. It is probable that a more thorough search of the literature will reveal other cases that have been reported, possibly even farther back than that of Fuchs.

This bit of history teaches some lessons that cannot be too often emphasized, although some of them are repeated in the literature of every pathological condition newly recognized. Most important perhaps is the value of the prolonged and thorough study of a single case. This was what gave Von Hippel the acknowledged right to have the disease called by his name; although he saw his first case ten years after one had been published. It was such thorough study that caused Parinaud's conjunctivitis to be known by his name; although cases of the disease had been previously reported. Another lesson is the value of an acquaintance with the related literature, by anyone who aspires to authorship. Wood, when he reported his second case, seems to have been ignorant of the fact that his first case had come to microscopic examination by Collins; although both his reports and that of Collins were made to the same society, the Ophthalmological Society of the United Kingdom, and published in its transactions. To render the literature of a subject generally and readily available is to multiply many times its value.

PIONEER LITERATURE OF THE PITUITARY BODY.

The publication of the work of Cushing on "The Pituitary Body and Its Disorders" and somewhat similar studies that have been published in other languages within the last two years, may be regarded as indicating that the diseases of this organ are taking their rightful place in medical literature with the diseases and surgery of the interior of the cranium.

From the three and one-half pages devoted in the book mentioned to the visual symptoms and the incomplete bibliography that it gives, it would be easy to overlook the fact that a large part of the early cases that were studied clinically were reported in ophthalmic journals, and that their true character was only recognized through observation of these visual symptoms. For instance in the first five or six years of the present century, before the appearance of Cushing's first paper, there were about as many clinical papers upon this subject written by ophthalmologists as by internists and surgeons combined. The four to five such papers mentioned in Cushing's bibliography make a poor showing compared with the twenty-four such papers referred to in the first four volumes of the Ophthalmic Year Book, 1904 to 1907 inclusive.

The practical application of this bit of history lies in the probability that in the immediate future, as in the past, a large proportion of these cases will be first identified by the ophthalmologist.

The wide-awake surgeon and the radiologist will be on the lookout for them; since several operations, and the use of the Roentgen rays have been proven to furnish palliatives of some value. But a great many cases are liable to first seek expert advice for impaired vision, headache, or obscure nervous symptoms. While the pioneer work of ophthalmologists in the literature has largely been done, there will still be much to do, before these diseases come to be generally recognized in the daily work of the medical profession.

INDEX OF OTO-LARYNGOLOGY.

A note from a Fellow of the American Academy of Ophthalmology and Oto-Laryngology suggests the need for an explanation that may be serviceable to others. He writes: "My ophthalmic index came today, but as yet I have not received the Oto-laryngologic index. Kindly give this matter your immediate attention, and oblige."

The Index of Oto-Laryngology is a publication entirely distinct from Ophthalmic Literature. The two have nothing in common except a certain number of subscribers, and the accomplishment of the same general purpose in their respective separate fields. But without authorization we can call attention to certain facts with regard to the publication of the Index of Oto-Laryngology that may not be generally understood or appreciated.

The Index of Oto-Laryngology, like others of its class, bears the date of the month the literature of which it chiefly presents. With most such publications it compares well in promptness. The December number with its annual list of writers on Oto-Laryngology has already been received, while of the Index Medicus only the November, 1912, number has been issued, and probably its annual list of authors for 1912 will not appear for several months.

If the comparison be made with Ophthalmic Literature we must point out that the Index of Oto-Laryngology is a somewhat more ambitious publication in that it undertakes to give reports of meetings, correspondence, and rather more in the way of abstracts. Its preparation depends on the co-operation of a much larger number of collaborators and correspondents. And it will be found that such dependence is necessarily a source of delay. Finally, Ophthalmic Literature is fortunate in having printers who can be relied upon to get it out promptly. A considerable experience with printers shows that such reliable promptness is rare, even in our largest cities. When it comes, the Index of Oto-Laryngology will be well worth having.

BOOK NOTICES.

Axenfeld, Th., Freiburg. LEHRBUCH DER AUGENHEILKUNDE. 3rd Edition. 1 vol., 760 pp., 554 ill., 15 marks. Jena: G. Fischer.

This text book of ophthalmology, which has now reached a third edition, is one of the best written; and probably the best illustrated work of its kind and size now available. Many of its illustrations and plates are models, both in beauty of reproduction and in their ability to tell the story which they are meant to convey. This edition contains fifty pages more than the second, and the illustrations have increased in number from 455 to 554. The various sections, written by such men as Axenfeld, Bach, Elschning, Hertel, and Von Hippel, have been brought up to date. We find, for instance, descriptions and illustrations of the Lagrange, Heine, and Elliot operations for glaucoma. It is to be regretted that this excellent work has not yet been translated into English.

Roemer, P. A TEXT BOOK OF OPHTHALMOLOGY IN THE FORM OF CLINICAL LECTURES. Translated by M. L. Foster. Three volumes. Large octavo, 948 pages, 13 colored plates, 186 illustrations. Price \$7.50, New York: Rebman & Company.

This is a very readable and interesting work, rendered into excellent English. Its essential defects were pointed out in the notice of the first volume (O. L., June, 1912, p. 84.) They are strikingly illustrated in the final volume. Diseases of the choroid are given but nine pages in a work of 900; and of these more than one-half are devoted to the one condition of choroidal sarcoma. Tuberculosis of the choroid, one of the live subjects in ophthalmology at the present day, gets one sentence of less than two lines. Among the errors of refraction, myopia receives more space than all of the others put together. On the subjects that have interested him, Roemer has written fully, if not diffusely; others have received scant attention.

Index of Ophthalmology

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- Greefe, R. Fragments of the History of Lenses. (10 ill.) (Cont.) Klin. M. f. Augenh., Jan., p. 37.
- Stricker, L. Optometry Question. Ohio State Med. Jour., ix, p. 53.
- Young, H. B. Against the Degree of Doctor of Ophthalmology. Amer. Jour. Ophth. xxx, p. 22.

Abstracts From Foreign Journals

Bonino, E. Combined Operation for Entropion and Trichiasis. (Annali di Ottalmologia, xl, p. 28.)

This modification of operations already employed aims to avoid a recurrence of trichiasis through contracture along the intermarginal line. The three principal incisions are, first along the intermarginal line; next 3 or 4 millimeters above and parallel with this on the skin surface, and again, parallel with and 2 or 3 millimeters higher than the second.

The ends of these are joined by vertical incisions, the upper flap is dissected free except at each end, and some fibers of the orbicularis and a wedge-shaped piece of the tarsus are resected. The upper flap being held out of the way with a strabismus hook, the edge of the flap containing the cilia is sutured to the upper margin of the corresponding wound in both skin and tarsus. The loose upper flap is then drawn down and sewn into position along the intermarginal incision.

Burk, A. Anatomy of Acquired Luxation of the Lens. (Graefe's Archiv. für Ophthalmologie 83, p. 114.)

Detailed histological description is given of ten eyes, in five of which secondary glaucoma had developed. In a case of traumatic dislocation of the lens into the anterior chamber, numerous short remains of the zonular fibers still adhered to each surface of the lens. In two cases, one of spontaneous luxation into the anterior chamber, the other of traumatic luxation into the vitreous, the lens had made a turn of 180 degrees, the capsular epithelium presenting towards the back of the eye.

Gasali, A. Treatment of Conjunctival Tuberculosis with Radium. (Annali di Ottalmologia, xl, p. 492.)

The patient was a child of four years, with slight physical signs of tuberculosis at one apex, and a history of trouble beginning in the right eye four weeks earlier. The tarsal and transitional con-

junctiva showed papillary hypertrophy, and numerous grayish-yellow nodules, some of which were eroded. Excised tissue revealed a tubercular structure and some Koch bacilli, and animal inoculation produced tuberculous iritis. Fourteen twenty-minute applications of radium, seven on each half of the lid, were made between March 22nd and July 11th. By May 15th the papillary hypertrophy had almost completely disappeared, and the nodules were less numerous and less prominent. On July 25th the only evidence left of the disease was a pale cicatricial aspect of the conjunctiva of the cul-de-sac. Brief reference is also made to five other cases in which treatment with radium resulted in cure. They include three cases of lupus of the conjunctiva, and two of conjunctival tuberculosis. In cases of conjunctival tuberculosis not suited for the combined use of surgical removal and cauterization, radium therapy is indicated, and is superior to the Roentgen ray.

Folinea, G. Optic Atrophy in Infancy in Association with Cranial Malformations. (*Archivio di Ottalmologia*, xix, pp. 667, 731, and 787.)

Eight cases are described in detail. In four there was strong evidence of congenital syphilis. In three others there was a marked family history of tuberculosis. All had good vision and cranium of regular formation at birth. Retarded general development was recorded in each case. The cranial deformity and ocular changes appeared between the second and seventh years of life. In every instance there were rachitic alterations of the epiphyses of the long bones, and these changes had clearly occurred before the inception of the cranial formations. The author attributes the papilledema and resulting optic atrophy to endocranial hypertension induced by precocious rachitic synostosis of the cranial sutures.

Kugel, L. Binocular Vision of Anisometropes; and Spectacles for Them. (*Graefes Archiv. für Ophthalmologie*, lxxxi, p. 489.)

The author is himself anisometropic, and the phenomena which form the basis of his paper were mainly studied in his own eyes. If two dissimilar images are viewed through the stereoscope by eyes which are either naturally or artificially anisometropic, one image being visible to either eye, the image before the weaker eye will be obliterated for some distance beyond the area in which it is stereoscopically overlaid by the image seen by the good eye. For the purposes of the test normal eyes, or those not sufficiently anisometropic, may be rendered anisometropic by adding plus 1.50 D. sph. or less to the normal refractive correction of one eye. What is perhaps the best of the author's figures consists of four broad vertical black bands slightly separated on a white ground; and a horizontal band whose length about corresponds with the combined width of the four vertical bands and their interspaces. If the horizontal band corresponds in position with the eye of less acuity, only the four vertical bands will be seen. Another figure consists of two identical words, the one corresponding to the defective eye having a cancelling mark through each letter. Only the unaltered word will be seen. From this fact is deduced the following principle: If with unilateral visual weakness images of quite different objects fall upon identical retinal areas, that of the visually weaker eye will fail of perception, because in the resulting rivalry of contours the image of the weaker eye will be overcome.

The situation described exists in most cases of strabismus. In these patients the visual acuity of one eye is commonly inferior to that of the other. At the same time, in consequence of the squint, images of quite different objects fall upon identical retinal areas. Hence the weaker image is obliterated. The same result occurs in anisometropia. But although only one eye perceives, the poorer eye, both in squint and in anisometropia, serves for better judgment of

perspective. The author finds his own sense of perspective to be distinctly better with both eyes than with either eye separately. The difficulty which anisometropes have in wearing lenses which give equal visual acuity in each eye, is not due to the production of inequality in the size of the two images, for they were unequal already. It results from the fact that, whereas one image was formerly subdued without difficulty, the two images now compete on equal terms, but without the possibility of becoming blended. The indifference of anisometropes to the nature of the lens placed before the poorer eye, provided it does not cause the visual acuity to approach normal, leads the author to recommend that these patients, as well as the one-eyed, should in otherwise suitable instances wear reversible frames carrying on one side a distant and on the other a near lens.

Monesi, L. Congenital Iridocorneal Staphyloma. (*Annali di Ottalmologia*, xli, p. 76.)

On account of inflammatory disturbances the anterior segment was amputated from the congenitally staphylomatous eye of a girl of 17 years. The father had been syphilitic since youth, the mother having aborted in eight out of ten pregnancies. Clinically interesting is the fact that the stump healed well and tolerated a prosthesis without the least sign of irritation. The paper consists mainly of an elaborate description of the microscopic findings. From these and the clinical history it is argued that the trouble originated late in fetal life (since the lens was almost normal in size and transparency), and was of syphilitic etiology. The layer of iris tissue adherent to the lower outer quadrant of the cornea formed with the anterior part of the ciliary muscle the anterior wall of a cyst. The posterior wall of the cyst was a layer of connective tissue covered behind by pigmented epithelium. The theory as to the mode of formation of the cyst is that into the stroma of the iris occurred a downgrowth of iris epithelium, in which a cavity subsequently developed.

Ruata, V. Amyloid Degeneration of the Conjunctiva. (*Archivio di Ottalmologia*, xix, p. 526.)

The disease occurred in a woman of 62 years, who had otherwise been free from both general and ocular disease. It had begun ten years earlier with a fleshy formation near the left caruncle, which for five years continued to extend. Three years later the disease started from a similar point in the other eye. At the time of examination there was a compact thickening of both lids of the left eye, and beneath the bulbar conjunctiva of this eye were a number of yellowish masses, of a fatty consistency. In the right eye there was a large yellowish mass at the inner angle of the bulbar conjunctiva. Microscopic study showed the subepithelial adenoid tissue to be almost completely replaced by a substance giving the characteristic reactions for amyloid. The blood vessels were compressed or obliterated by the abnormal tissue, but never themselves showed amyloid degeneration. The general process is to be regarded as an infiltration rather than a degeneration.

Van der Hoeve, J. Osmotic Pressure and Electric Conductivity of Intraocular Fluid and Blood Serum of Animals. (*Graefes Archiv für Ophthalmologie*, lxxxii, p. 58.)

Experiments indicate that in cattle and rabbits the osmotic pressure of the ocular fluid and of the blood serum are not in a constant relationship to one another; sometimes the ocular fluid, sometimes the blood serum, being relatively hyperisotonic. Occasionally the ocular fluid is hyperisotonic to arterial, and hypoisotonic to venous, blood serum of the same animal. The results do not contest Leber's theory that the ocular fluid is a transudate.

Ophthalmic Journals

- American Journal of Ophthalmology, St. Louis, Mo.
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Viestnik Ophthalmologii, Moscow, Russia.
Wochenschrift für Therapie und Hygiene des Auges, Dresden, Germany.
Zeitschrift für Augenheilkunde, Berlin, Germany.

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